

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

<b>Title of Invention</b>	Simplified Disabled Housing
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Application Number :	
Date :	
First Named Applicant:	Mr. Aaron Robert Lema
Attorney Docket Number:	

  

<b>TOTAL FEE AUTHORIZED \$ 385</b>
Patent fees are subject to annual revisions on or about October 1st of each year.

  

Filing as small entity																				
<b>BASIC FILING FEE</b>																				
<table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="4">Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table>	Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	385	385	Subtotal For Basic Filing Fees: \$ 385											
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<b>EXTRA CLAIM FEES</b>																				
<table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 1</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 1</td><td>0</td><td>2201</td><td>43</td><td>0</td></tr><tr><td colspan="5">Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table>	Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 1	0	2202	9	0	Independent Claims : 1	0	2201	43	0	Subtotal For Extra Claims Fees: \$ 0				
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Total Claims : 1	0	2202	9	0																
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Subtotal For Extra Claims Fees: \$ 0																				

  

<b>AUTHORIZED BILLING INFORMATION</b>	
<b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>	
Credit account number:	4079
Expiration Date (YYYYMMDD):	2008-03-31
Authorized name:	William R. Brady Jr.
Billing address:	92504